

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-8564	2. Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing. Name Bruce R. Smith P.O. Box, Bldg., Room No., if any p.o. Box 607 Street 608 E. Baltimore Pike City Media State Pennsylvania ZIP Code + 4 19063	
4. Name, file number, and address of labor organization. Name Glass, Molders, Pottery, Plastics, AFL-CIO Labor Organization File Number 000-201 P.O. Box, Building and Room Number, if any p.o. Box 607 Street 608 E. Baltimore Pike City Media State Pennsylvania ZIP Code + 4 19063	
5. Position in labor organization. International Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

: Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **8/12/2005**

610-565-5051

Date

Telephone Number

Name of Person Filing Bruce Smith	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
<p>Name GMP-EMPLOYERS RETIREE TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5245 Big Pine Way, SE City Fort Myers State Florida ZIP Code + 4 33907</p>	<input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
<p>Name GMP-EMPLOYERS RETIREE TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5245 Big Pine Way, SE City Fort Myers State Florida ZIP Code + 4 33907</p>	Fund Administrator
	11.b. Approximate dollar value of such dealing. \$3,600,000
	12.a. Nature of interest held or income received. March, July & August In the capacity as Trustee of the Fund, dinner and lodging were provided.
	12.b. Amount. \$750

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Bruce Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Consulting Group/Smith Barney

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 312 Walnut Street, Suite 1700

City Cincinnati

State Ohio ZIP Code + 4 45202

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name GMP & Employers Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 West Fourth Street, Suite 225

City Cincinnati

State Ohio ZIP Code + 4 45202

11.a. Nature of such dealing.

Investment Advisor/Monitor for Fund

11.b. Approximate dollar value of such dealing.

\$334,000

12.a. Nature of interest held or income received.

June

In capacity as trustee of the Fund, dinner was provided.

12.b. Amount.

\$50

Name of Person Filing Bruce Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Consulting Group/Smith Barney

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 312 Walnut Street, Suite 1700

City Cincinnati

State Ohio ZIP Code + 4 45202

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MIRA-GMP Pension & Insurance Trusts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 17 Lakeside Office Park

City Wakefield

State Massachusetts ZIP Code + 4 01880

11.a. Nature of such dealing.

Investment Advisor/Monitor for Funds

11.b. Approximate dollar value of such dealing.

\$70,242

12.a. Nature of interest held or income received.

In the capacity as Trustee, dinner was provided.

12.b. Amount.

\$50

Name of Person Filing Bruce Smith

File Number U-

Part B Continuation Page

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Stoner & Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 West Fourth Street, Suite 225

City Cincinnati

State Ohio

ZIP Code + 4 45202

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name GMP & Employers Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 West Fourth Street

City Cincinnati

State Ohio

ZIP Code + 4 45202

11.a. Nature of such dealing.

Administers Pension Fund

\$458,000

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.
June & September
In capacity as Trustee, dinners were provided.

\$150

12.b. Amount.

Name of Person Filing Bruce Smith

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name MIRA-GMP Pension & Insurance Trusts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 17 Lakeside Office Park

City Wakefield

State Massachusetts ZIP Code + 4 01880

9. Business deals With:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MIRA-GMP Pension & Insurance Trusts

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 17 Lakeside Office Park

City Wakefield

State Massachusetts ZIP Code + 4 01880

11.a. Nature of such dealing.

Administrator of Health & Welfare and Pension Funds

11.b. Approximate dollar value of such dealing.

\$379,000

12.a. Nature of interest held or income received.

June & November

In capacity of Trustee of the Funds, dinner was provided.

12.b. Amount.

\$160

Name of Person Filing Bruce Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NBJ Investment Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2121 San Jacinto, Suite 1840

City Dallas

State Texas ZIP Code + 4 75201

9. Business deals with:

 a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CIMP & Employer's Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 West Fourth Street, Suite 225

City Cincinnati

State Ohio ZIP Code + 4 45202

11.a. Nature of such dealing.

Investment manager for specific investments in the Fund.

11.b. Approximate dollar value of such dealing.

\$298,000

12.a. Nature of interest held or income received.

February

In the capacity as Trustee of the Fund, dinner was provided.

12.b. Amount.

\$50